

# **EXHIBIT 5**

**JUL 30 2020**

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**



**PRIME CLERK**

**In re:**

**PURDUE PHARMA L.P., et al.,  
Debtors.**

**Chapter 11**

**Case No. 19-23649 (RDD)**

**(Jointly Administered)**

☐ Date Stamped Copy Returned  
☐ No Self-Addressed Stamped Envelope  
☒ No Copy Provided

**Governmental Opioid Claimant Proof of Claim Form**

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for governmental units and Native American Tribes to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids.

**Do not** use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim (Form 410).

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

For Part 3, governmental units that have filed litigation against the Debtor(s) that is part of the federal multidistrict litigation in Ohio, *In re National Opiate Litigation*, MDL No. 17-02804 (N.D. Ohio 2017) ("Ohio MDL"), and have submitted a Government Plaintiff Fact Sheet in connection with that proceeding, may rely on their Government Plaintiff Fact Sheet to complete the questions in Part 3. For the avoidance of doubt, only governmental units who have filed litigation that is part of the Ohio MDL, and not governmental units that are part of the negotiation class in the Ohio MDL but have not otherwise filed litigation that is part of the MDL, may rely on their Government Plaintiff Fact Sheet to complete the questions in Part 3.

**You must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, including the supporting documentation requested herein. **Do not send original documents** as they will not be returned, and they may be destroyed after scanning.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

**Part 1: Identify the Claim**

<p>1. Who is the current creditor?</p>	<p><u>City of Elizabeth, New Jersey</u> Name of the entity to be paid for this claim. Other names the creditor used with the Debtor(s): _____</p>	
<p>2. Has this claim been acquired from someone else or some other entity?</p>	<p><input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Mark A. Tate</u> Name <u>25 Bull Street, Second Floor</u> Number Street <u>Savannah, GA 31401</u> City State ZIP Code</p> <p>Contact phone <u>912-234-3030</u> marktate@tatelawgroup.com Contact email <u>wkell@tatelawgroup.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Mark A. Tate</u> Name <u>25 Bull Street, Second Floor</u> Number Street <u>Savannah, GA 31401</u> City State ZIP Code</p> <p>Contact phone <u>912-234-3030</u> marktate@tatelawgroup.com Contact email <u>wkell@tatelawgroup.com</u></p>

Governmental Opioid Claimant Proof of Claim Form

Claim Number: 148209

4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do You know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Attorney Information (Optional)**

6. Are you represented by an attorney in this matter?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. If yes, please provide the following information:
You do not need an attorney to file this form.	<p><u>Tate Law Group, LLC</u> Law Firm Name</p> <p><u>Mark A. Tate</u> Attorney Name</p> <p><u>25 Bull Street, Second Floor</u> Address</p> <p><u>Savannah, GA 31401</u> City State ZIP Code</p> <p>Contact phone <u>912-234-3030</u> Contact email <u>marktate@tatelawgroup.com</u> <u>wkell@tatelawgroup.com</u></p>

**Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim**

7. When do You allege you were first injured as a result of the Debtors' alleged conduct?	<p><u>01</u> / <u>1996</u> Month Year</p> <p><input type="checkbox"/> If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, <i>In re National Opiate Litigation</i>, MDL No. 17-02804 (N.D. Ohio 2017) ("Ohio MDL"), and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.</p> <p><input type="checkbox"/> If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.</p>
8. How much is the claim?	<p>\$ <u>104,114,103.00</u>; or</p> <p><input type="checkbox"/> If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.</p> <p><input type="checkbox"/> If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.</p> <p><input type="checkbox"/> Unknown.</p>
9. Describe the citizens and entities that You represent in this claim:	<p>_____ _____ _____ _____ _____</p> <p><input type="checkbox"/> If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.</p> <p><input checked="" type="checkbox"/> If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.</p>

10. Describe the conduct of the Debtors You allege resulted in injury or damages to You.

See attached Exhibit "A"

Attach additional sheets if necessary.

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☐ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

11. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.

Attach additional sheets if necessary.

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☒ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

12. Based on information reasonably available to You, please identify each category of damages or monetary relief that You allege, and include the amount of damages you assert for each category, if known.

Attach additional sheets if necessary.

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☒ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

<p>13. Based on information reasonably available to You, provide the total number of opioid-related overdose deaths of Your residents each year for the later of (i) 2008, or (ii) the date on which the period for which You are seeking damages begins.</p>	Year	Total number of opioid related overdose deaths, if available
	<p><input type="checkbox"/> If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.</p> <p><input checked="" type="checkbox"/> If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.</p>	

**Part 4: Supporting Documentation**

<p>14. Please provide the following supporting documentation if you would like (but You are not required) to supplement this proof of claim.</p>	<p><input type="checkbox"/> Provide any documents supporting Your claim, including but not limited to: any Plaintiff Fact Sheets and accompanying documents submitted in the MDL proceeding in the Northern District of Ohio; any complaint, petition, information, or similar pleading filed in any civil or criminal proceeding involving the Debtors; and any records supporting Your claim for damages.</p> <p><input type="checkbox"/> In lieu of uploading or resubmitting the Government Plaintiff Fact Sheet that was submitted in the Ohio MDL, the creditor authorizes the Debtors to make the Government Plaintiff Fact Sheet, submitted on _____ in the Ohio MDL, available to Prime Clerk, the Court, and any party who agrees to be bound by the Protective Order to be submitted for entry by the Court for use in connection with this proof of claim and these chapter 11 cases.</p> <p><input checked="" type="checkbox"/> In lieu of uploading or submitting the complaint filed against the Debtor(s), the creditor authorizes the Debtors to make the complaint filed on <u>11/20/19</u> with caption <u>* see below</u> available to Prime Clerk, the Court, and any party who agrees to be bound by the Protective Order to be submitted for entry by the Court for use in connection with this proof of claim and these chapter 11 cases.</p>
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\* City of Elizabeth, NJ  
v. Amerisourcebergen Drug Corp, et al.  
Case No. 1:19-op-46045

**Part 5: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- ☐ I am the creditor.  
☒ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 7/15/2020 (mm/dd/yyyy)

/s/ Mark A. Tate

Signature

**Print the name of the person who is completing and signing this claim:**

Name Mark A. Tate

First name

Middle name

Last name

Title

Attorney

Company

Tate Law Group, LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

25 Bull Street, Second Floor

Number

Street

Savannah, GA 31401

City

State

ZIP Code

Exhibit A

The Government Entities' claims arise from Purdue's tortious, deceptive, unreasonable, or otherwise unlawful conduct with respect to the marketing, promotion, sale, and/or distribution of prescription opioid products, including all forms and versions of Purdue's morphine, oxycodone, hydrocodone, and buprenorphine products distributed in the U.S.

Such conduct includes, without limitation, Purdue's creation, use, and/or participation in a sophisticated and highly deceptive and unfair marketing, "education," promotion and lobbying campaign that dates back to the late 1990s: This campaign set out to, and did, reverse and alter understandings of the risks, benefits, and appropriate use of prescription opioids. Purdue sought to and did expand the use of prescription opioids by (at least) downplaying their risks and overstating their benefits, particularly for the treatment of chronic, non-cancer pain. Purdue sought to and did do this overtly (through its sales force and Purdue "educational" efforts), as well as covertly through the creation, use, funding, and coopting of organizations, front groups, "key opinion leaders," studies, and literature.

In addition to the foregoing, Purdue also violated its legal and statutory duties (including under the federal Controlled Substances Act) to monitor for, prevent, and minimize diversion of its prescription opioid products, including failing to sufficiently monitor for and prevent the fulfillment and delivery of suspicious orders placed by distributors of Purdue's opioid products and by the downstream customers of those distributors and/or by dispensers of Purdue's opioid products.

Purdue acted on its own, as well as jointly with others, including with other manufacturers, distributors, and dispensers of prescription opioids with respect to the conduct at issue.

Purdue's conduct caused and continues to cause and threaten, without limitation, far-reaching consequences in the communities represented by the Government Entities, including without limitation: (1) the prescribing, purchase, distribution, dispensing, and use of vastly inflated quantities of prescription opioids, (2) the abuse, misuse, and imprudent and unnecessary use of prescription opioids, (3) opioid addiction and opioid use disorder ("OUD") and the need for treatment for the same, (4) hospitalizations, injuries, and deaths caused by opioids, (5) crime, prosecutions, and jailing associated with opioids abuse, misuse, and unlawful sales, (6) the need to monitor for and treat neonatal abstinence syndrome, (7) the need to purchase, train on, and deploy anti-overdose medications among first-responders and others, (8) the need to provide addiction and mental health services to those suffering from addiction/QUO and their families and loved ones, (9) the loss of income and property tax revenues flowing from the foregoing impacts, and (10) the diversion and/or increased use of myriad governmental health, safety, education, justice, and social services to respond to the impact of opioids.

The Government Entities assert all available legal, equitable, and statutory claims against Purdue arising from the foregoing conduct, including without limitation, claims for public and/or private nuisance, unfair and deceptive practices, fraud, negligence, unjust enrichment, false claims and breach of contract, insurance fraud, conspiracy, violation of federal and state RICO laws, and violation of federal and state laws governing the sale, distribution, and anti-diversion requirements for narcotics.



The Government Entities seek all available legal, equitable, and statutory remedies against Purdue, monetary and non-monetary, for any and all past or present conduct and for past, present, or future injury or threat of injury arising or flowing from the foregoing conduct, including injunctive relief, compensatory, consequential, and punitive damages, the costs of abatement, disgorgement, reimbursement for government expenditures, any and all fines and penalties permitted under applicable state or federal law, and reasonable legal fees, costs, and expenses, pre-judgment interest, post-judgment interest, and such other relief as is just and equitable.

For the avoidance of doubt, the Government Entities incorporate by reference as if set forth fully here all of the factual allegations, claims, and prayers for relief set forth in their most current federal and/or state court complaints naming Purdue.





July 28, 2020

Via Overnight Mail

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue Suite 412  
Brooklyn, NY 11232

Re: Rochester Drug Cooperative, Inc.

Dear Claims Processor:


Enclosed please find the Purdue Pharma Claim Forms for our clients listed below:

Alma GA	Medford Volunteer Ambulance, NY
Amityville, NY	Melville Fire District, ny
Town of Babylon, NY	Merrick Library, NY
Village of Babylon, NY	Mill Neck, NY
Bacon County, GA	Miller Place Fire District, NY
Bacon County Hospital, GA	Millerton, NY
Bayonne, NJ	Mount Sinai Fire District, NY
Bellmore Fire District, NY	Nesconset Fire District, NY
Bellport, NY	New Hyde Park, NY
Blackshear, GA	Nissaquoge, NY
Brookhaven, NY	North Hempstead, NY
Brookhaven Ambulance, NY	North Merrick Fire District, NY
Brunswick, GA	North Patchogue Fire District, NY
Centereach Fire District, NY	Northport, NY
Centerport Fire District, NY	Old Westbury, NY
Chatham County, GA	Orangetown, NY
Chatham County Hospital, GA	Oyster Bay, NY
Clarkstown, NY	Paramus, NJ
Clifton, NJ	Patchogue, NY
Clinton, NJ	Pierce County, GA
Dade County, GA	Plainview Old Bethpage Library, NY
Demorest, GA	Pooler, GA
East Hampton, NY	Poquott, NY
East Rockaway, NY	Port Washington North, NY
Elizabeth, NJ	Port Washington Water District, NY

Farmingdale, NY	Ramapo, NY
Floral Park, NY	Richmond Hill, GA
Friendship Engine & Hose Co, NY	Ridge Fire District, NY
Garden City, NY	Riverhead, NY
Great Neck, NY	Rockville Centre Public Library, NY
Greenport, NY	Roslyn Water District, NY
Habersham County Hospital, GA	Saltaire, NY
Hauppauge Fire District, NY	Smithtown Fire District, NY
Haverstraw, NY	Smithtown, NY
Hempstead Town, NY	South Farmingdale Fire District, NY
Hempstead Village, NY	Southampton, NY
Hicksville Water District, NY	Southold, NY
Huntington, NY	St. James Fire District, NY
Island Park, NY	Stewart Manor, NY
Islandia, NY	Stony Brook Fire District, NY
Islip, NY	Stony Point, NY
Islip Terrace Fire District, NY	Suffern, NY
Lake Grove, NY	Uniondale Fire District, NY
Lawrence, NY	Valley Stream, NY
Levittown Fire District, NY	Village of the Branch, NY
Lindenhurst, NY	Wappinger, NY
Lloyd Harbor, NY	Wappinger Falls, NY
Long Beach, NY	West Hampton Dunes, NY
Lynbrook, NY	West Haverstraw, NY
Massapequa Park, NY	West Hemsptead Public Library, NY
	Westbury, NY

Thank you for your attention to this matter. Please feel free to contact our office with any questions.

Kind Regards,

  
Wendy Kell  
Paralegal to Mark A. Tate

Enclosures

ORIGIN ID: SAVA (912) 234-3030  
MARK A. TATE  
TATE LAW GROUP  
2 EAST BRYAN STREET, SUITE 600

SHIP DATE: 28JUL20  
ACTWGT: 10.00 LB  
CAD: 7122897/INET4280

SAVANNAH, GA 31401  
UNITED STATES US

BILL SENDER

TO **PRIME CLERK LLC**  
**PURDUE PHARMA CLAIMS PROCESSING CTR**  
**850 THIRD AVENUE, SUITE 412**

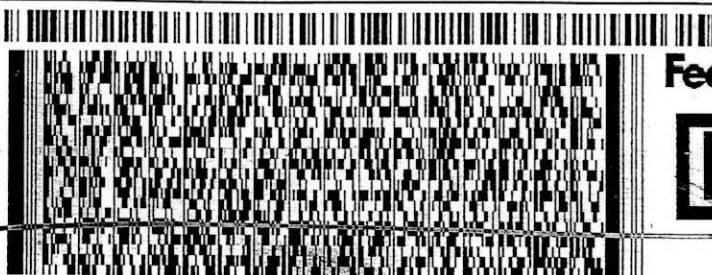
**BROOKLYN NY 11232**

(912) 234-3030  
INV:  
PO:

REF: PURDUE BK PROOF OF CLAIM FORMS

DEPT:

FedEx Ship Manager - Print Your Label(s)



56BJ3/C6A6/B766

FedEx

TRK  
020

TRK#  
0201

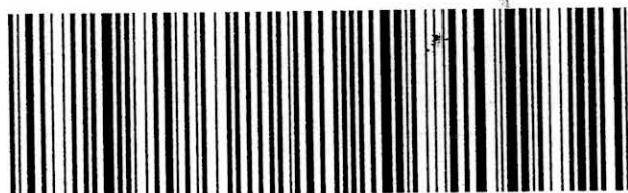
7711 1562 7710

THU - 30 JUL AA  
STANDARD OVERNIGHT

**X XA FBTA**

11232  
NY-US EWR

EXP 06/21



\*9835861 07/29 56BJ3/C6A6/B766\*

RECEIVED  
JUL 30 2020  
PRIME CLERK LLC

7/28/2020